In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes \(\sum \) No \((\text{If "No" go to question 2}) \)

If "Yes," state the place of your incarceration \(\frac{\text{Lichard \(\text{L} \)} \) \(\text{Donovan Correctional facility} \)

Are you employed at the institution? \(\sum \) Yes \(\sum \) No

Do you receive any payment from the institution? \(\sum \) Yes \(\sum \) No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust

account statement from the institution of your incarceration showing at least the last six months transactions.]

	and address of your employer.						
	b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wage						
	and pay period and the name and address of your last employer.						
	SOO & a week						
	In the past twelve months have you received any money from any of the following sources?:						
	a. Business, profession or other self-employment						
	 b. Rent payments, royalties interest or dividends c. Pensions, annuities or life insurance □ Yes ⋈ No 						
	d. Disability or workers compensation						
	e. Social Security, disability or other welfare \square Yes \bowtie No						
	e. Gifts or inheritances Yes \square No						
	F. Canada a shill amount						
	f. Spousal or child support						
	g. Any other sources						
	g. Any other sources						
	g. Any other sources Yes No If the answer to any of the above is "Yes" describe each source and state the amount received and what you						
	g. Any other sources Yes No If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. 100 g which were Confiscated						
	g. Any other sources Yes No If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. 100 g which were Confiscated						
	g. Any other sources Yes No If the answer to any of the above is "Yes" describe each source and state the amount received and what you						
	g. Any other sources Yes No If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. 100 g which were Confiscated						
	g. Any other sources If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. 100 g which were Confiscated to totaly, I expect no more gifts.						
	g. Any other sources If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. 100 g which were Confiscated to totally, I expect no more gifts. Do you have any checking account(s)? Yes No						
	g. Any other sources If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. 100 g						
	g. Any other sources If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. 100 g which were Confiscated to totally, I expect no more gifts. Do you have any checking account(s)? Yes No						
	If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. /OO g which were Confiscated to toly, I expect no more gifts. Do you have any checking account(s)? Name(s) and address(es) of bank(s): b. Present balance in account(s):						
	g. Any other sources Yes No						
	g. Any other sources Yes No						
	If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. /OO g which were Confiscated to toly, I expect no more gifts. Do you have any checking account(s)? Name(s) and address(es) of bank(s): b. Present balance in account(s):						
•	g. Any other sources						
•	g. Any other sources Yes No						
•	g. Any other sources Yes No						

·	
7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property	y?
□ Yes 🕱 No	
If "Yes" describe the property and state its value.	
, / /	
	-
8. List the persons who are dependent on you for support, state violationship to each forces and indicate h	
8. List the persons who are dependent on you for support, state your relationship to each person and indicate h	10W
much you contribute to their support.	
/V OW /=	
9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):	
10 000 0 0 0 11/1/10	
10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, sto	ocks.
savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someo	
else's name]):	
cisc's name]).	
12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income	•
anywhere on this form, you must explain the sources of funds for your day-to-day expenses	
I declare under penalty of perjury that the above information is true and correct and understand that a	
false statement herein may result in the dismissal of my claims.	
March 4,2008 Victor Parra	
SIGNATURE OF APPLICANT	_
DATE GIGHARDE OF ATTRICAN	

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION (Incarcerated applicants only)

(This form MUST be completed by the <u>prisoner</u> requesting to proceed <u>in forma pauperis</u>. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed <u>in forma pauperis</u>.)

I, VICTOR PARRA

request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either \square \$150 (civil complaint) or \square \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

March 4,2008 Feb 212005

SIGNATURE OF PRISONER

DATE

REPORT ID: TS3030 .701

REPORT DATE: 03/03/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
R.J.DONOVAN CORR. FACILITY
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: OCT. 01, 2007 THRU MAR. 03, 2008

ACCOUNT NUMBER : P58682

BED/CELL NUMBER: F20600000000229U

ACCOUNT NAME : PARRA JR, VICTOR

ACCOUNT TYPE: I

PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

TRAN

DATE CODE DESCRIPTION COMMENT CHECK NUM DEPOSITS WITHDRAWALS BALANCE

10/01/2007 BEGINNING BALANCE

0.00

12/21*DD31 CHECK DEPOSIT 3147/POBOX

45.00

45.00

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* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 10/06/99 CASE NUMBER: ICR20445

COUNTY CODE: RIV FINE AMOUNT: \$ 10,000.00

DATE TRANS. DESCRIPTION TRANS. AMT. BALANCE

TARRET ARTICLE TO THE PROPERTY AND THE P

se 3:08-cv-00472-J-LSP Document 6 Filed 04/14/2008 Page 6 of 7

10/01/2007 BEGINNING BALANCE 9,779.82

REPORT ID: TS3030 .701

REPORT DATE: 03/03/08

PAGE NO:

R.J.DONOVAN CORR. FACILITY
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: OCT. 01, 2007 THRU MAR. 03, 2008

ACCT: P58682

ACCT NAME: PARRA JR, VICTOR

ACCT TYPE: I

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 10/06/99

CASE NUMBER: ICR20445

COUNTY CODE: RIV

FINE AMOUNT: \$ 10,000.00

DATE TRANS.

DESCRIPTION

TRANS. AMT. BALANCE

. - - -

50.00- 9,729.82

12/21/07 DR31

REST DED-CHECK DEPOSIT

- * THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
- * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED.

TRUST ACCOUNT SUMMARY

BEGINNING	TOTAL	TOTAL	CURRENT	HOLDS	TRANSACTIONS	
BALANCE	DEPOSITS	WITHDRAWALS	BALANCE	BALANCE	TO BE POSTED	
0.00	45.00	0.00	45.00	143.30	0.00	

CURRENT AVAILABLE BALANCE

98.30-

